

CITY COLLEGE OF SAN FRANCISCO

W d/d/KE dK >>Kt d/D KE&>/ d^IKs

Step1: Completepersonalinformation.

Last Name	First Name	Student ID Number
Student Email		Phone:

Student Signature: _____ Date: _____

Step 2: List the semester and course information for both course below.

Semester (circle one): Fall Spring Summer Year: 20

1st COURSE:

CRN#	SUBJECT	C K hrSE	DAYS	TIME	UNITS	INSTRUCTOR NAME

2nd COURSE:

CRN#	SUBJECT	C K hrSE	DAYS	TIME	UNITS	INSTRUCTOR NAME

Step 3 Justification for the request of need (Note: Scheduling convenience is not sufficient justification. See page 2 for Title 5 reference for detail. Attach additional pages if necessary.)

Step 4: Take the petition to the instructor of the course in which you will be required to make up time for approval.

dK KDW> dz/E^dZh dK&Z ^^ &KZ t,/ , d/D t/>> D/^^

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/v•š OE μ š}CE /v]š] o•

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v }• u •š CE X /v]š]š OE μ š}CE

X /Á]op u]šZ š]oo}P]u%o Áš šZ}P v š μOš Z }ššZ•šμ }vš Zo •šÇ }(šZ
• u •šš OE Z^ Z}}o v X /v•š OE μvšš}OE•

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(Conflict + CRN) Processed by: _____ Date: _____
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